I practice Emergency Medicine at St. Francis Hospital and Medical Center in Hartford, CT and I live in Canton

# Assisted Suicide/Euthanasia

"I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." Hippocratic Oath

The statement above is the foundational moral principle of medicine, pledged by doctors for centuries as they attempt to cure and relieve suffering without injuring the patient. It's a principle being eroded by the movement to legalize physician-assisted suicide (PAS) and euthanasia. When combined with an impersonal and technological healthcare system, the movement to support PAS has proven lethal. Prescribed suicide is an immoral slippery slope that corrupts the doctor-patient trust. Put simply, it's dangerous. And it's not just dangerous for the physicians and healthcare workers, but it's also dangerous for our country, our healthcare system and for every patient.

"Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult to control and would pose serious societal risks."

Code of Ethics, American Medical Association

Top 7 Reasons Physician-Assisted Suicide Should Not Be Legal

#### 1. Because it provides a financial incentive for premature deaths.

Since it's always cheaper to give a patient a suicide pill than to provide real care, imagine the financial incentives prescribed suicide offers to insurance companies and heirs. We need to offer protection to the most vulnerable at this critical time in the life journey, not open the door to those who can profit through their death.

#### 2. Because it invites pressure and coercion.

While PAS measures require paper forms and stipulate that suicide requests be "made voluntarily," subtle pressure and even outright coercion at the bedside of vulnerable patients are extremely difficult, if not impossible, to detect and prosecute. Pressure-producing statements whispered at beside may cause Grandma to feel guilty about "burdening loved ones." Grandpa may take suicide cues from a physician's comment about healthcare costs. The "right to die" quickly morphs into the "duty to die."

#### 3. Because it covers up abuse.

The only statistical indicators of Oregon's assisted suicides are dutifully trotted out by state bureaucrats in a bare-bones annual report. By clever mandate of law, "the information collected shall not be a public record and may not be made available for

inspection by the public." Violators are expected to self-report. No penalties are provided for non-reporting. No watchdogs or media can review even redacted records. The government only reviews a sampling of records, does not verify their accuracy and subsequently destroys the records. No unbiased agency has had the opportunity to carefully study the impact of the Oregon PAS law.

## 4. Because doctor-prescribed suicide is not needed.

Under existing law, every patient and/ or his designated decision-maker has the right to refuse prolonging life by artificial means. No one has to linger indefinitely when natural causes would lead to death. It is ethically acceptable to refuse or discontinue futile treatments.

# 5. Because it would destroy the doctor-patient relationship.

The most fundamental part of a doctor-patient relationship is trust. If doctor-prescribed suicide were legal, patients wouldn't know if the doctor's ultimate motive was to heal them or end their life. In countries that have PAS laws some terminally ill patients avoid going for medical care because they fear that their doctor may be trying to hasten their death against their wishes. The doctor's duty is to kill the pain - not the patient.

### 6. Because of the vulnerability of socially marginalized groups.

No matter how carefully any guidelines for doctor-prescribed suicide are framed, the practice will be implemented through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society, including health care. The practices will pose the greatest risks to those socially marginalized groups. Once again, the weakest of our patients are at the greatest risk of exploitation.

7. **Because it is not necessary to prevent suffering of those who are terminally ill.**One of the biggest reasons given to support PAS is that it reduces suffering to those dying of a serious illness. Throughout our state there are ample resources that can provide excellent palliative care. People can die with dignity and in peace surrounded by caring friends and family.